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ABSTRACT

The paper describes a special education staff's problems with teaching a severely handicapped institutionalized population and reports on observations of seven multiply handicapped (blind-mentally retarded) students. The students' feeding skills performance in the institution and the school was compared in such terms as diet, utensil use, special equipment, self help activities, communication, interaction, feeding skills, and inappropriate behaviors. Analysis led to the conclusion that Ss distinguished between environments, behaving differently according to the expected contingencies and reinforcement. Two case studies of a self abusive and an incontinent severely handicapped adult are provided to illustrate the effect of different handling by staff at the institution and the school. (CL)

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"I Only Have This Student For 5 Hours A Day. What Do You Expect?"

Presented At

International Conference of
The Council for Exceptional Children

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As all special educators are aware, the Federal Government passed Public Law 94-142, The Education of All Handicapped Act. In the state of Michigan, however, education of handicapped individuals was mandated by the state legislature in 1971. Despite this early start, programs servicing the severely handicapped who resided in institutional settings was not implemented in Michigan until 1975. Northville Public Schools, Institutional Special Education Program is one of the programs in the state that was developed to service school age residents of institutional facilities.

School programs were started hastily as school districts were found to be in non-compliance with the Law. Hence, programs were started without properly trained staff, appropriate materials, curricular guidance, or appropriate administrative and medical policies. Staff faced a tremendous challenge as they were being asked to teach individuals aged 0-26, who experienced one or several of the following impairments: Severely Mentally Impaired, Physically Impaired, Trainable or Educable Impaired, Emotionally Impaired, Visual and Hearing Impaired. In addition, the majority of the institutional population had severe social deficits and exhibited bizarre behavioral characteristics. Given that the school program is operated five days per week for five and a quarter hours per day, it is a fact that a student is in school for twenty-six and a quarter hours per week and at home in the institution for one hundred and sixty-eight hours per week. As many

of the behavioral deficits and training areas apply to the student in both the school and home environment, cooperative and coordinated training procedures are essential for optimal development. This is not an unknown fact; it has been emphasized time and time again. It is, however, not a reality, and, in fact, is years away from becoming a reality. The purpose of this paper then, is to show that even though a student is in an educational setting for only twenty-six and a quarter hours per week, skills can be acquired and maintained within that educational setting despite the lack of carry over in the home environment.

In beginning our work for this paper, we developed a survey for teachers, aides, and ancillary personnel who work at four school sites for Northville Public Schools. This survey was geared to assess school staff's attitudes and problems with teaching an institutionalized population. There were three basic areas that were addressed: communication with the institution, problems in teaching, and students' ability to discriminate environments. The survey was distributed and 97 out of 242 were returned. Each area will be reported individually, highlighting correlations and interesting results. Percentages are indicative of the number of responses per question. Within the communication area there was an overall negative response regarding communication between school and institutional personnel. It was found that 43% of school staff who responded always request medical and behavioral information from the institution and 51% request this information some of the time. However, in responding to receipt of student information from the institution, an overwhelming 89% felt they did

not receive adequate information. On the whole, school staff do not attend meetings held at the institution. Seventy-four percent indicated they do not attend program planning or behavioral rounds. Scheduling is a variable that affects these results as school staff are often responsible for students when meetings are held at the institution. However, the institution does not send direct care staff to the school for program planning meetings or behavioral conferences. They do send professional staff and supervisors not responsible for residents. Nevertheless the survey showed that 56% of school staff felt that institutional personnel were not in attendance at school meetings. Eighty-nine percent of school staff stated it would be helpful to observe their students in the home environment yet 67% of them have never done so. Communication is a critical area to be improved upon. It will be the basis for mutual planning and results indicate that it needs to be addressed by both facilities. In the area addressing problems in teaching, carry over in students' programs at the institution was the basic question. Eighty-eight percent of school staff felt that their instructional program was designed to correlate with skills needed in the home environment. All curriculum areas were listed in this section. However 93% of the staff had a negative response to carry over of the training program. Twenty-six percent felt that there was no carry over at all, and sixty-seven percent felt there was minimal carry over. At this point, staff were given six selections on their feelings as a result of the carry over of training. The results are as follows:

54%	Frustrated	2%	Satisfied
26%	Angry	0%	Rewarded
14%	Apathetic	1%	Pleased

As can be seen 94% of the staff had negative feelings and 3% had positive feelings. When asked if this carry over has a positive or negative affect on the students' program, 71% indicated it was negative and 66% felt it inhibited their students' learning. Surprisingly 34% felt that their students' learning was promoted despite the fact that only 7% felt there was adequate carry over at the institution. Seventy percent of the staff also indicated that there are skill levels that are difficult or impossible to teach due to the inconsistencies between school and home. All skill areas were listed by the staff, however, maladaptive behaviors, self care, and communication were listed most frequently.

There was a positive response from all staff on the effect lack of carry over had on their feelings toward instructional planning and implementation of training in the school. Seventy two percent of the staff were still encouraged to develop instructional plans, and seventy nine percent were encouraged to carry out instruction for their students.

Results of this section indicate a serious lack of carry over of training in the institutional environment. Although this causes a basic negative reaction within the school staff, it seemingly does not deter the planning or training of their students.

The final section of our survey is the smallest. Staff felt that 67% of their students were able to distinguish between home/institution and school environments, and 95% of the staff felt that their students perform differently at school than

at home. Ninety four percent indicated that their students did benefit from their ablity to distinguish between environments. This, we believe, relates back to the positive response regarding planning for and training the students within the school. It also leads back to our premise that individuals who experience severe mental, behavioral, and physical deficits can learn and exhibit skills within only one of the two environments that make up their daily life experiences.

The remainder of this paper will be geared to citing examples from one particular school program within Northville Public Schools, and to discussion of successful classroom management techniques that have been utilized to facilitate student learning within the school environment. We will conclude with two dramatic case studies of students' discriminatory abilities.

To further investigate students performance between the school and home, we have taken a closer, more in-depth look at students from the Annex School Program. These students reside at Plymouth Center for Human Development, Sullivan Hall. Both Sullivan and the Annex School service individuals who are visually impaired and mentally impaired(severe to the trainable range). Approximately 25% are also hearing impaired. In addition to severe social and behavioral deficits, these students also exhibit difficulties in mobility and spatial awareness. Many of the students have lived in the institution for the majority of their lives. As with most institutional populations, parental involvement is very limited. The age range for these students is 13 to 26 years of age. As

one might conclude, this is one of the most difficult populations to educate. Seven students were selected. Three, thirty minute observations were made within each environment. Comparisons between students' performance in specified areas (feeding, behavior,etc.) were drawn by each observer. Each student will be discussed individually. Initially, observations were made at the institution. Observations within the school were selected to correlate with whatever activities were observed in the institutional environment. Feeding was observed for all students as it was felt to be a critical self help skill for which coordinated training is essential. The following pages contain a comparison study of each students' performance within the two environments.

*Key to Student Observations:

PM Physical Manipulation
PA Physical Assistance
PP Physical Prompt
VP Verbal Prompt
I Independent

STUDENT: Theresa

Theresa is a totally blind, severely mentally impaired girl who is 17 years of age. She does not speak and has limited communication with sign language. She also experiences mild physical disability in her right hand as it usually remains motionless in her lap or at her side. She responds to positive interaction of staff and enjoys work activities.

FEEDING

Areas Observed	School	Institution
Diet	Low-cal/high-fiber	Regular diet
Utensils	Fork & spoon	Fork & spoon
Special Equipment	Plate guard	None
Self Help Act.	Opened milk carton-PA Poured milk-PP Utilized napkin-VP Partially set table	None
Communication	Expressive signs used on request	None
Interaction	Staff constantly observed performance	Staff occasionally observed performance
Posture	Upright with feet flat	Upright with feet crossed
Feeding Skills	Full hand grasp, forefinger extended	Full hand grasp, forefinger extended, Fork held very low, fingers touched food
	Independent scooping motion with food on every bite: fork, Utilized plate guard	Scooping motion with some PA, Numerous scoops without food on fork, Seperated food with fingers
	VP to eat slowly	VP to eat
Inappropriate Behaviors	None during meal	Tapping & shaking fork, Turning and twisting fork in mouth Intermittently rubbed fingers on butter pad next to plate

STUDENT: Theresa

VOCATIONAL

Areas Observed	School	Institution
Tasks	¼" nut & bolt assembly Sorting washers by size 15 piece puzzle 3 piece assemby project requiring tactile discrimination Stuffing envelopes	Pegboard Assorted puzzles Rings on stick Stacking cups
Performance	Totally I on all tasks Utilizes both hands on two tasks Puts task away in containers when finished	V & PP for puzzles with more than 4 pieces Uses left hand only

*Please note: At the institution, Theresa was observed with her Foster Grandparent, a volunteer.

STUDENT: Patti

Patti is a 15 year old deaf/blind severely mentally impaired girl. She is totally deaf and partially sighted. Patti exhibits an extreme rate of self stimulatory behavior, that at times involves total body movement. These include eyepoking, rocking, hand shaking, flicking, body rubbing, foot stomping, and face slapping. She responds to social interaction and is very receptive to edible reinforcers. Patti was observed in the areas of feeding and work activities.

FEEDING

Areas Observed	School	Institution
Diet	Regular--chop suey	Regular--chop suey
Utensils	Spoon	Spoon
Self Help Act.	PP to use napkin	None
Communication	Requested drink sign Utilized stand sign	None
Eating Behavior	Slight PP to use spoon with right hand, left hand in lap Spit out food she didn't like Pushed plate away Appropriate sitting & attention to feeding	Occasional PA to use spoon, gave resistance Ate several bites with fingers Twisted & turned body with little attention to feeding, head tilted toward ceiling
	Slight shaking of left hand in lap once Shook right hand once; not allowed by staff	Flicked fingers occasionally
	Feeding self with spoon	Held spoon by end--tapped and flicked Put end of spoon in mouth--bit & twisted it several times & at 1 point scooped with end of spoon
	Ate approximately ¼ of lunch	Ate approximately ¼ of dinner--fed by staff
Drinking	Picked up cup & drank I PP to set cup on table	Cup handed to her--drank independently Cup was jiggled & played with, then removed
Dessert	Not given due to refusal to eat lunch	Ate fruit dessert with fingers

STUDENT: Patti

WORK ACTIVITIES

Areas Observed	School	Institution
Tasks	6 piece lg. peg board Motor imitation of hand clapping, bell ringing Play with toy Rings on a stick	Multi-piece sm. peg board Rings on a stick Stack graduated cups
Attention to Task	Good sitting with hands folded on table	Chair pulled back from table, hands had to be brought to task
	Visually attended to task for 5 sec. at a time	Fleeting visual attention
	Did motor imitation tasks I, given signs for directions	VP & directions given for task
	PP to put pegs in board, visual prompts to look at task	PM to put pegs in board, rarely looked at task--interrupted by long duration of self stimulation
	I to fold hands on table between task & waited for directions	
	Given immediate edible reinforcer for task performance	Non-contingent treat given with eat sign requested
Comparison of Self-Stimulation in two 10 min. work sessions	Stimulation present for average of 7 sec. between 2 sessions	Stimulation present for average of 9 min. & 42 sec.
	Stimulation not present for an average of 9 min. & 53 sec.	Stimulation not present for an average of 18 sec.

*Please note: For these activities, Patti was working with her Foster Grandparent, a volunteer.

STUDENT: Fred

Fred is a blind, severely mentally retarded male of 24 years, who has some acting out behavior problems and ruminates excessively. He is fully dependent in all self-care areas and needs physical prompts to do even simple tasks. Loving staff interaction, this has been proven to be a strong reinforcer for him.

TOILETING

Areas Observed	School	Institution
Time Spent	Less than 5 minutes	Minimum: 26 minutes
Use Of	Urinated	Did not use
Special Equip.	Front guard that fits under toilet seat	None
Position	Feet down, sitting appropriately	Feet on seat, knees by chin
Undressing	V to pull pants & underpants down to just above knees	Pants, underpants, socks, & shoes were removed by staff
Behavior on Toilet	Told "foot down" once Twisting & twirling shirt	Twisting and twirling shirt
Interaction	Constantly observed Praise and touch for using toilet	Observed 2 times for less than 1 minute each Told he would stay until he used the pot

STUDENT: Fred

FEEDING

Areas Observed	School	Institution
Diet	Ground	Ground
Special Equip.	Plate with plate guard Spoon with handle to fit over hand	Scoop bowl turned sideways
Sitting Position	VP's to keep feet on floor	Right foot up, playing with sock with left hand
Communication	PP to give eat & drink signs	None
Feeding Skills	Scooped entire meal=I	PM to scoop 4 times during meal Bent over and ate with mouth from bowl 5 times when he felt he would not get caught
Drinking	PP to pick up cup Drank I PP to set cup down	Was handed cup Drank I Cup was taken from his hand

STUDENT: Gary

Gary is a blind severely mentally retarded male of 23 years. He can do simple manipulative tasks with few physical prompts. His receptive language goes so far as to understanding and following many simple commands. Medical problems are numerous.

FEEDING

Areas Observed	School	Institution
Diet	Chopped	Regular
Special Equip.	Plate guard	None
Interaction	Constant 1-1	1-1 at end of meal
Sitting Position	Feet were down Told to sit-up 6 times, was leaning over table	Told to put feet down 1 time Sat up appropriately
Feeding Skills	PP to take 1 bite, chew, & swallow PP to keep from scooping until each bite was swallowed PP to scoop inward Scooped entire meal with PP	No interaction at beginning of meal= stuffed mouth full Scooped outward, food went off plate Scooped no more than 5 times before he got fed the rest of his meal
Behavior	Self-stimulation of left hand and head= 86 seconds	Self-stimulation of both hands and head= 258 seconds
Drinking	PM to open and pour milk I to drink	Done for him VP, PP to drink
Communication	PP to give eat & drink signs	None

STUDENT: Gary

WORK ACTIVITIES

Areas Observed	School	Institution
Tasks at Table; 1st Observation	5 sets of stacking chips that fit in a jig-PP Eggs in a carton, plastic with PP Search for raisins-VP	Given & told to hold blocks (1 in each hand) Listened to music on earphones
Tasks at Table; 2nd Observation	Search for raisins-VP Blocks in cupcake tin-PP Rings on a stick-PP Playdoh-PP Search for raisins-PP Body parts-PP	PM to stack 1 block Given & told to hold blocks (1 in each hand)

STUDENT: Tommy

Tommy is an 18 year old male who is partially sighted and profoundly mentally retarded. He voices a lot of sounds and can babble some. Most simple manipulative tasks are on a physical prompt level. Behavior problems of self-abuse and aggression are the central focus of his school program.

FEEDING

Areas Observed	School	Institution
Diet	Regular	Regular
Special Equip.	Plate guard	None
Time Spent	25 minutes	28 minutes
Sitting Position	Leaning over table--head about 4" from plate VP to sit up	Leaning over table--mouth about ½" from food, licked food No prompts given to sit up
Interaction	Constant observation	Very limited interaction & observation
Behavior	Slight rocking	Much rocking
Feeding Skills	PP to pick up spoon, put spoon down between each bite=1st half of meal	Sat for 5 minutes at start of meal, no prompts given Tore bread apart, stuffed in mouth Ate slowly, taking bites now & then, looking around; 1 VP & 2 slight PP which he reacted negatively to for eating
	2nd half of meal he ate I, without prompts, at an appropriate rate	When rest of peers finished (15-20 min.), he began eating at a more appropriate rate
Drinking	PP to pour--spilled Drank I Reached for more to pour Cup was taken	Milk (cup) handed to him Drank I, 1 gulp Cup was taken
Concluding Activities	PA to wipe table	Mouth was wiped by staff-Told to go to the bathroom

STUDENT: Tina

Tina is a 26 year old blind, deaf, severely mentally impaired student who has very recently begun responding to sounds and social interaction. Her potential appears to be much higher than her performance.

FEEDING

Areas Observed	School	Institution
Serving	PA to serve self entire meal	Served food by attendants
Utensils	Uses fork & knife as pusher PP	Uses fork PA, no pusher
Other Equip.	No bib	Uses bib & scoop bowl
Staff Interaction	Direct staff interaction giving occasional prompts	Direct staff interaction with PM for use of fork entire meal
Milk Carton	Attempts to open her own milk carton, required PA to achieve Staff required I drink sign I to pour milk	Staff opens & pours milk for Tina No signing
Napkin	Napkin use-I	No napkin used
Concluding Meal	Carries own tray with PP to garbage & I to throw all paper items away; leaves tray on cart	Attendant removes dishes

STUDENT: Tina

COMMUNICATION

Areas Observed	School	Institution
Communication Used	Deaf signs paired with verbalizations, used consistently Deaf signs: classroom walk stand gym sit finish bathroom eat spoon drink napkin	No deaf signs used, minimal verbalizations
	Asked "what" (deaf sign) to prompt expressive signing	No deaf signs used, no directions given (verbally either)

STUDENT: Wanda

Wanda is a 25 year old trainable blind student with very high expressive and receptive language skills. She is independent in almost all self-care areas and displays vocational potential. She is also learning simple braille and some survival skills.

FEEDING

Areas Observed	School	Institution
Preparation	Set own place setting Diet 1800 calories, measured	Table set by staff No diet
Serving	Required to ask for what she wants Serves her own plate (with PP only because of limited portions)	Not required to ask Food served by staff
Utensils	Fork I including stabbing I to use spoon as pusher	Uses hand to put food on fork PA to use knife No pusher, uses fingers
Interaction	Staff encourages proper techniques	Minimal, only to assist cutting and buttering bread
Milk Carton	Opens & pours own milk-I	Opened & poured by staff
Concluding Meal	Staff removed plate & utensils Wanda threw paper items away Required to get water & sponge to wipe table, I wipes table thoroughly, returns sponge & water	Everything removed by staff Leaves dining room

STUDENT: Wanda

MOBILITY

Areas Observed	School	Institution
Trailing Techniques	Protective arm up, hand on wall	Protective arm partially up, no hand on wall
	Squares off to cross open areas	Walks until bumps something
Instruction	Told to go somewhere-I	Occasionally led by staff, also I gets around
	I finds area/rooms	I finds area/rooms

Classroom Management

I. Classroom physical arrangement

A. Quiet area

1. For behavior problems
2. Limit disruptions to rest of class
3. Special 1-1 training

B. Work area

1. Staff can work in front of, behind, and to the side of student
2. Facilitates work in small groups or with individuals
3. Staff can quickly move from one student to another
4. Utilize portable carts for carrying materials
5. Utilize stools on casters for staff mobility
6. Blackboard and sufficient bulletin board space for data records, schedules, and programming needs

C. Play/leisure/reinforcement area with equipment, toys that students enjoy and can utilize independently. Area should be carpeted or have some distinguishing factor.

1. Open shelves with toys
2. Rocking chair
3. Bean bag chair
4. Record player, cassette player, radio, earphones
5. Vestibular board
6. Cage ball
7. Rocking horse

8. Hammock
9. Sensory stimulation items

D. Individual training area
1. Divided from rest of class
2. Reduces stimulation and distractions

E. Environmental clues (tactual/visual)
1. identification of personal equipment, classrooms, bathroom, gym, etc.
2. Aids receptive and expressive language building skills

II. Staff ratios and utilization

A. Minimum ratio: 9 students to 1 teacher and 2 instructional aides

B. Deaf, blind, emotionally impaired require higher staff ratio

C. Ancillary staff
1. Utilized to teach special skills and model teaching techniques for classroom staff
2. Develop and implement mutual goals for students with classroom staff

D. Increase staff ratio for special behavioral plans: 1-1/2-1
1. Acquire additional staff
2. Utilize existing staff by establishing priorities

E. Develop team work concept throughout program
1. Consistency in training or dealing with behaviors
2. Flexibility
a. Change according to daily events
b. Cover and assist each other as needed
c. Awareness of all classroom activities throughout the day

d. Awareness of antecedents to potential behavior problems and a plan for dealing with them

e. Rotate students in a planned fashion

f. Awareness of who, when, and why to reinforce

g. Develop the ability to return to mainstream of classroom activities after disruption and/or distraction

III. Programming

A. Daily Routine

1. Start and end day positively for all students

2. Develop general classroom schedule

3. Develop individual student schedules according to student's needs

a. Alternate positive activities with work activities

b. Alternate motor and table tasks

c. Alternate interaction and non-interaction times

B. Implementation of Instruction

1. Organize student objectives

a. Identify priority maintenance objectives and schedule accordingly

b. Limit number of student objectives where high rate of repetition is necessary

2. Develop teaching strategies

a. Analyze the task into appropriate sub steps

b. Develop method for task presentation

c. Identify materials to be utilized

d. Have students' attention at onset of task

e. Give clear, simple, concise signals (words, signs,

gestures)

f. Give only one signal before required response

g. Regulate and control prompts

(1) Use prompts before student makes an error

(2) Attempt to keep each step of task at a 70% success rate

h. Reward each step of task immediately with high reinforcer

i. Collect data on performance

j. Be consistent

IV. General classroom procedures

A. Reinforcement

1. Identify and prioritize behaviors to be increased and/or decreased

2. Identify behaviors to be reinforced for each student

3. Identify reinforcers for each student

a. Immediate: praise, socials, edibles, and/or activities

b. Delayed: tokens

4. Post behaviors to be reinforced and ignored

5. Use scheduling to guarantee necessary reinforcement

a. Use of timers

b. Observation and awareness

c. Team work

d. Tape recorded interval cues

6. Change the kinds of rewards used (avoid satiation)

7. Use high rewards for low occurence behaviors

8. Reinforce in an enthusiastic way: *see Appendix

9. Tell the student what behavior he is being reinforced for ("Good stacking the rings")
10. Reinforce for coming close to doing it right (shaping)
11. Avoid delays of reinforcement, but if impossible, bridge the gap with praise and tokens
12. Pair social reinforcement with all reinforcers, for eventual fading of primary reinforcers
13. Catch 'em being good!

B. Individual Behavior Plans

1. Hold conference to which input from all staff is necessary including ancillary, psychologist, and medical personnel
   a. Document previously attempted interventions
   b. Identify positive, and if need be, punishment procedures
   c. Identify and prioritize target behavior(s) to be increased/decreased
   d. Identify terminal (replacement) behaviors
   e. Determine time allotment and involvement which classroom staff can devote
      (1) Pull in extra needed staff
      (2) Plan set up to involve certain times of the day (sessions)
      (3) Re-grouping of students
2. Baseline to be taken on target behavior(s)
3. Identify appropriate schedule of reinforcement
   1. Immediate fixed schedules for increasing desired behavior(s)

2. Intermittent schedule for maintaining desired behavior(s)

4. Develop an efficient consistent data recording method
   1. See Appendix
   2. Raw data is compiled onto a graph
5. Implement and model procedures for behavior plan
6. Regular review meetings to evaluate plan progress, data, and make any necessary revisions
   1. Fading of aversives/reinforcers
   2. Increase criteria level for target/terminal behavior(s)
   3. Discuss and solve problems

The information presented has concluded that this population definitely can and does distinguish between environments. They basically behave and perform differently depending upon the expected contingencies and the reinforcement received. The school demands as much independence from the student as we can achieve. Since more is expected from them at school than at home, and their interaction and reinforcement is dependent upon their performance, they have chosen to, more or less, conform to our demands.

Two case studies, specifically chosen to demonstrate this theory are Gary and Tina. They are examples of bizarre, severe behavior problems. According to the students' ability to distinguish environments, the behaviors have been eliminated within the school program, but not at home. We have used some of the programming strategies described previously to achieve the results, including staff priorities and classroom alterations. Both of these cases necessitated a 1-1 staff ratio for a relatively short period of time. Staffing was eventually faded according to program progress and the program was instituted within the regular special education classroom with regular classroom staff ratios.

Gary is a blind, severely mentally retarded male of 23 years who displayed severe self-abusive behaviors of facial rubbing and hitting and restraining self by tying up in clothing. Medically, the facial rubbing and hitting caused bruising, callouses, open sores, and raw abrasions leading to infections of the face and eyes. His tying behavior was severe enough at times to cut off

all circulation in his extremeties and he exhibits broken blood vessels all over his body. A behavior plan was developed within the school environment in January of 1977 to decrease and/or eliminate both of the above behaviors at one time. Staff felt the necessity of dealing with both behaviors at once since it was known that if Gary was denied the use of one behavior he would engage in the other. Baseline data shows that in one hour he had 50 facial rubs/hits and 32 ties. Because of the severity of the behaviors over the entire school day, an extra staff person was employed to work on a 1-1 with Gary in the classroom. Terminal behaviors were to teach Gary more appropriate activities to engage in during interaction and non-interaction periods. For reinforcement, Gary had 1-1 interaction in activities which were rewarded with verbal praise, touch, edibles, and juice for participation. An aversive, water squirted into his face from a squirt bottle, was used for every occurence of facial rubbing and hitting. For his tying behavior, the 1-1 total interaction and particpation in activities helped greatly, but a tap on his wrist just as he was to begin tying, would be the aversive. Data was taken daily as to the number of facial rubs/hits and the number of attempts to tie. Within the first week of the plan's implementation, Gary's behaviors immediately dropped to 5 or less per day and over a period of 4 months to 10 or less per month. This low frequency has remained constant for three years through several classroom and staff changes with slight escalation during re-adjustment periods. The behaviors remain dominant in his life at home as comparisons done at three seperate observation times clearly show:

1st Observation	School	Institution
rubs	0	44 at the minimum
ties	0	10
2nd Observation		
rubs	0	23
ties	0	1
3rd Observation		
rubs	0	19
ties	0	1

Due to the nature of the aversive used, the institution is not allowed to use such procedures. This, along with staffing and inconsistency problems compiles to make an almost impossible program for them to carry out.

Our second specific example is a student named Tina. Long standing incontinence is a common problem among the institutionalized retarded. It is further complicated when an individual has multiple handicaps and there is limited time span in which to program for the problems.

Tina is a 26 year old female with multiple handicaps of deaf/blind and severely retarded. She is only eligible for school until August of 1980. Tina attends a 5 hour per day school program and resides at an institution the remainder of her time. To date, this program has been initiated only in the school program. Within the school environment we have attempted schedule and toilet training for her for 4 years with no results. The incontinence has an 11 year history which began when a colostomy was performed due to severe self-abuse to the rectum. Her incontinence problem was so severe and unexplained that she was required to wear pads

(3 menstrual pads at a time) that were changed approximately every 1½ hours.

Tina has had extensive urological testing at several universities and hospitals and the results have been conflicting as to the incontinence being medically or behaviorally orientated. Medical approval from three doctors was obtained to begin the Foxx and Azrin toilet training program.

Baseline was taken at ½ hour intervals. Tina was checked for wet or dry pants. She was found wet 80% of the time. Program was implemented almost exactly as Foxx and Azrin recommended with adaptations in communication (deaf signs). We immediately discovered that Tina was not capable of a 5 minute duration for dry pants reinforcement. To see any success at all, we had to lower reinforcement inspections to 30 seconds and rapidly increased it minute by minute. Program recommendations also included staff initiated toiletings every ½ hour which we also found impossible to achieve. This had to be reduced to every 5 minutes.

During the initial part of the program, accidents were happening so frequently (due to deliberate forced urinations) it was impossible to get accurate data. Hours were spent at a time with positive practice trials. We required only 10 trials of positive practice per accident, but with the forced urinations, the count was begun all over again, with each urination.

The first self-initiations occurred on the fourth day of the program, along with 20 accidents and 17 staff initiated toiletings. (Tina eliminated EVERY time she sat on the toilet.) At this point Tina had barely achieved 4 minute dry pants inspections and rein-

forcement and was being put on the toilet every 10 minutes. (Still not equivalent to Foxx and Azrins' recommended starting point of program.)

It was felt by all staff that total self-initiation should not be required of Tina at this point. Tina's bladder had to be trained to hold urine for longer periods of time. Three methods were used for bladder training.

(1) The self-initiations were at an abnormally high rate, (average of 20 per day). Staff initiated toiletings were gradually decreased by increasing the times between putting her on the toilet (time increments varied from 5 to 55 minutes).

(2) Staff also increased time spans between dry pants inspection and reinforcement from 30 seconds up to 25 minutes.

(3) Normal classroom activities were incorporated into her program between dry pants inspection.

When staff initiated toiletings were decreased to 3 per day, she was switched to the total self-initiation program (1½ months into program). From this point on, Tina's self-initiation were within normal levels (7 or less per day) and remains so at this time. She is on a variable schedule of reinforcement for dry pants (approximately one per hour). She has slight, damp accidents very rarely and is dry the rest of the time.

Since Tina has become independent in her toileting, she has made tremendous gains in other areas. Her academic achievements, social awareness, and responsiveness, and her general attitude and

and self-image have all shown measurable improvements.

Although, the information presented has been geared towards the benefits our students receive from their ability to distinguish environments, we still contend that for the overall benefit of our students, programs should be a combined effort from both environments. This is continually being strived for and some progress has been made.

Communication appears to be the most interfering factor in this process. Attempts must continue to be made to communicate each others' problems/needs and compromises must be made to achieve this goal. Information must be shared without fear of reprisal or negative feedback. Every effort should be made to help each other and encourage each others' progress and efforts.

Communication is difficult basically because of negative attitudes, whether pre-conceived, influenced, or found to be just. Staff's feelings of frustration, apathy, anger have not deterred them from effectively programming within the school environment, but it basically stops there. For the benefit of our students, communication and carry over must continue to be strived for.

Regular visitations between sites could be very beneficial in opening channels for communication and understanding. During our observations, we noticed some significant changes within the institution. We observed some very encouraging attempts to program, more equipment availability, better staff ratios and generally, more emphasis on activities. Some institutional staff appeared curious and open for suggestions and ideas during our visits.

Recently, there has been more correlation between all Northville Public School sites and the institution, in general areas,

but more specifically with individual students. There has been more communication and meetings on the professional level, especially pertaining to behavior problems. Also, the school district and the institution have correlated administrative committees to help solve these barrier problems. Parents have been actively participating in these committees as well.

These are very promising steps that require encouragement and follow through. The school program could be a great asset to this process if attitudes can be swayed to "try again".

"I only have this student 5 hours a day. What do you expect?" is a statement we hoped to disprove. It should not be a deterent for striving for bigger and better ways to educate this or any type of population. Whatever time and effort is put into a good program can have nothing but positive results. Attempts to follow through between the two environments can do nothing but benefit the students and give them even more of a chance to fulfill their potential in life.

Appendixes

Appendix A Pg. 34

List of Positive Praise Comments

Appendix B Pgs. 35-37

Sample Data Forms

Appendix C Pg. 38

List of Positive Activities and Social Interactions

PRAISE COMMENTS

Good girl (boy)!
Good, you did it!
That's great!
You're working hard!
Good work!
That's it!
Nice job!
I like that!
Good try!
Great job of trying!
Great job of working.
Good you're working!
Great!
Nice!
Right!
You got it!
Good for you!
That's right!
Well done!
Good, you're thinking!
Great, you're watching!
Good job!
Hey, that's neat!
Good, you're listening!
That's a way!
That's the right way!
That's super!
That's neat!
Good!
You're doing well!
Hey, keep it up!
Very nice!
I'm proud of you!
You did that right.

You did what I did!
Nice work!
I like that sound!
You looked at me.
You're listening hard.
Okay!
Terrific, can you do it again?
Fantastic!
That's good talking!
Fine!
Wonderful.
Marvelous.
Good speech.
Good talking.
Nice try!
That's good!
You're doing great!
Terrific!
Neat!
Fine job!
Very good!
Good try.
Great Try.
That's outstanding.
That's close.
You did it well.
You got that one.
I liked <u>(add information)</u>.
Much closer!
All right!
Perfect!
Fabulous.
Excellent!
You're really improving!

You're doing fine.
Incredible.
Stupendous!
Good sound!
Super!
Good watching.
Good answer.
Great answer.
That's far out.
You're paying attention well.
You did it.
You got that fine.
I liked that answer.
Much better.
Wow!
Beautiful!
That's what I want!
That's the best I've heard.
You're doing so well today.

DATA COLLECTION SHEET FOR _____ TEACHER _____
Student

DATA COLLECTED FROM: _____ TO: _____ AIDE _____
Date Date

BEHAVIOR

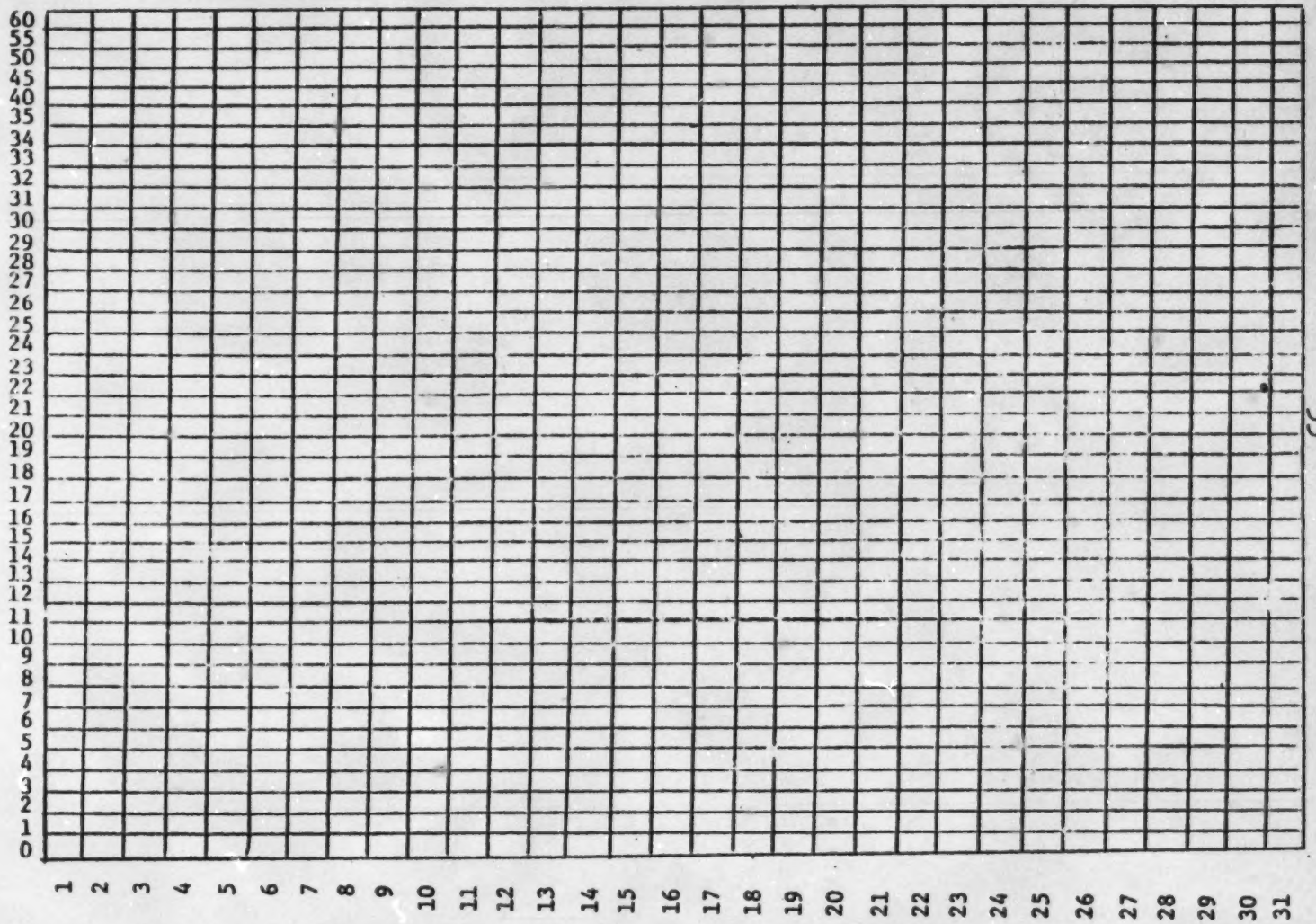
_____

_____

( ) Frequency Data

( ) Duration Data

Check one



38 _____ BASELINE _____ PROGRAM DATA (Check One) TIME _____ in days _____ in hours _____ other interval

_____ Specify (Check one) 39

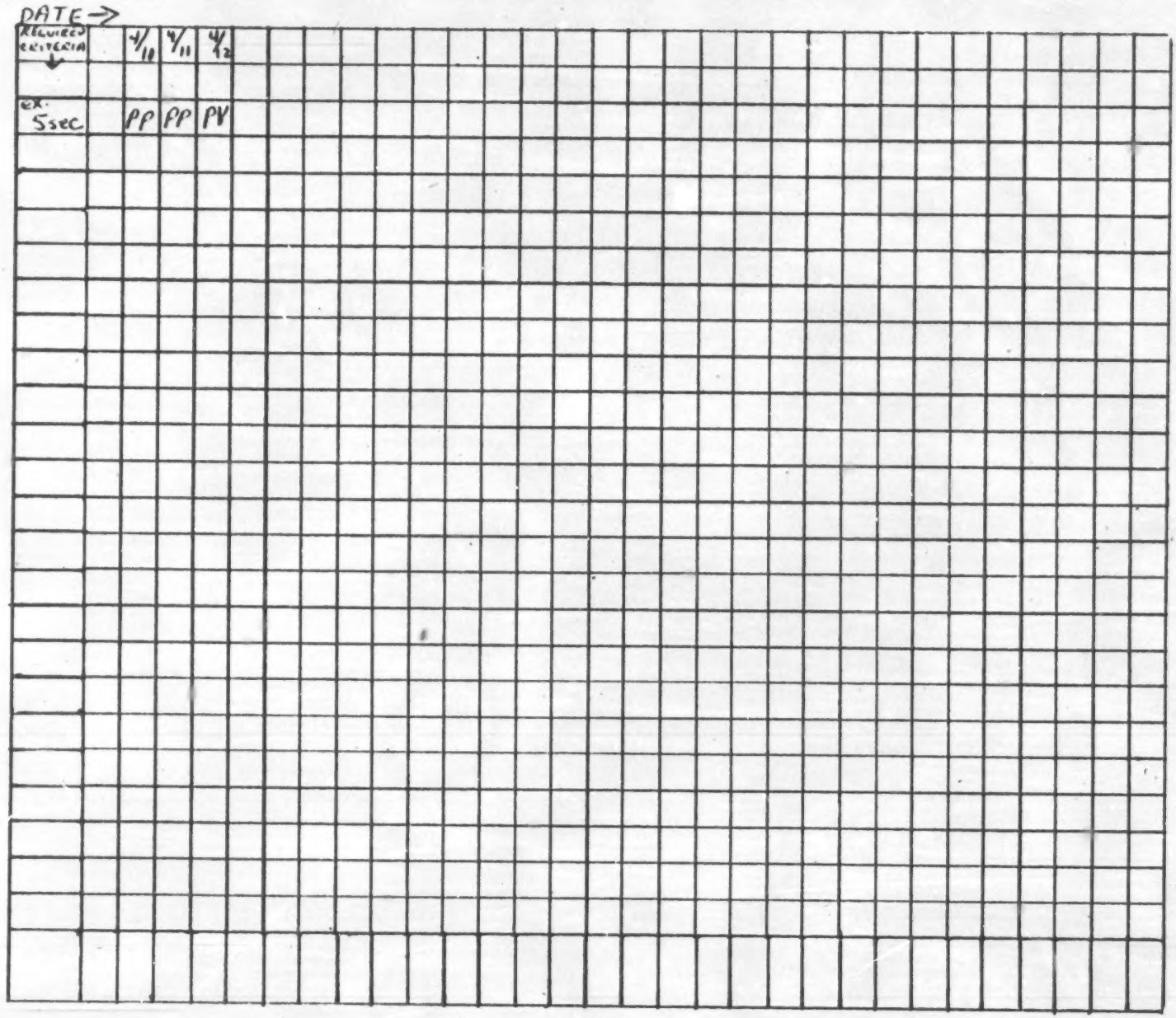
BEHAVIOR DATA SHEET

STUDENT _____

BEHAVIOR _____

ıte	Time	Activity at Time of Behavior	# of Displays	Intensity	Duration	

STUDENT _____



OBJECTIVE

ex. TASK ATTENDING

P/A PHYSICAL ASSISTANCE
P/P PHYSICAL PROMPT
V/P VERBAL PROMPT
I INDEPENDANT PERFORMANCE

NAME _____ SKILL _____

_____

_____

_____

_____ within _____ out of _____ trials over _____ days/weeks

Prompts _____ Reinforcement Schedule _____ Materials _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Training Instructions

_____

_____

_____

_____

NOTES AND COMMENTS

POSITIVE ACTIVITIES

1. walks
2. rocking horse
3. swing
4. vestibular board
5. push cart
6. ride cart
7. musical instruments
8. dancing
9. listen to music
10. listen to tapes (can be home-made)
11. visiting others
12. swivel chair
13. hammock
14. rocking chair
15. hair blower
16. vibrator
17. different kinds of brushes for sensory
18. organ
19. hand lotion rubbed on parts of body
20. water play
21. piggyback rides
22. cageball
23. play in sand, flour, packing pieces, etc.
24. wiz wheel
25. rock-a-way
26. air mattress
27. two person swing
28. barrel roll
29. jumping shoes
30. rides on stool with casters
31. lay-down scooter
32. blanket roll
33. rub different textures on body parts
34. jumping on mini-tramp
35. kid or adult size tricycle
36. roller skate
37. wagon ride

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